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CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 30.3
TITLE: SPEECH SERVICES

AUTHORITY: 38 CFR 17.270(a) and 17.272 (a)(5)

RELATED AUTHORITY: 32 CFR 199.4(g)(45) and 32 CFR 199.5(c)

I. EFFECTIVE DATE

April 19, 1983

II. PROCEDURE CODE(S)

A. CPT codes: 92506-92508

B. ICD-9-CM codes: 300.11, 318, 758.0, and 787.2

III. DESCRIPTION

Medical services that provide evaluation, treatment, habilitation and rehabilitation of speech, language, and voice dysfunctions resulting from congenital anomalies, disease, injury, hearing loss, communication or pervasive developmental disorders, to include mental retardation, **or a therapeutic process (such as vocal cord surgery).**

IV. POLICY

A. Speech services provided or prescribed and supervised by a physician may be cost shared.

B. Speech therapy to improve, restore, or maintain function, or to minimize or prevent deterioration of function of a patient when prescribed by a physician is covered.

V. POLICY CONSIDERATIONS

A. Physical impairments which qualify as a basis for allowable speech pathology services include, but are not limited to:

1. Brain injury or insult (such as traumatic brain injury, stroke/cerebrovascular accident),

2. Congenital anomalies (such as cleft lip and cleft palate),
3. Neuromuscular disorders (such as cerebral palsy), and
4. Sensory disorders.

a. Hearing loss greater than 25 decibels of either the pure tone average of intensities at 1,000, 2,000, and 3,000 hertz or the pure average of intensities at all levels (1,000, 2,000, 3,000, and 4,000 hertz) qualifies as a sensory disorder.

b. Developmental hearing delay attributed to medically documented chronic middle ear effusion or recurrent acute otitis media during the formative years of speech (through age 4 years) which contributed materially to a delay in either speech or language qualifies as a sensory disorder.

5. Dysfunction resulting from a therapeutic process (such as vocal cord surgery, laryngectomy or radiation therapy).

6. Vocal cord nodules, either in lieu of surgery, or as preoperative treatment.

7. Articulation Disorders not related to an educational or occupational deficit.

B. Utilization review elements will be used to provide timely oversight of speech pathology for continued medical services.

C. Outpatient speech therapy will be paid for covered medical conditions through the 30th session. Medical review is required for claims for treatment exceeding 30 sessions per calendar year limit.

VI. EXCLUSIONS

A. Services provided to address speech, language, or communication disorders resulting from occupational or educational deficits.

B. For beneficiaries aged 3-to-21 who are receiving special education services from a public educational agency, cost sharing of outpatient speech services that are required by the IDEA (Individuals with Disabilities Education Act) and which are indicated in the beneficiaries IEP (Individual Education Plan), may not be cost shared except when the intensity or timeliness of speech services as proposed by the educational agency are not appropriate medical care.

C. Myofunctional or tongue thrust therapy will not be covered.

D. Maintenance therapy that does not require a skilled level after a therapy program has been designed.

E. Speech therapy when the primary diagnosis is for a non-organic condition such as a mental health diagnosis.

F. Videofluoroscopy evaluation in speech pathology.

END OF POLICY